24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	
	C C00489625
Check if X 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee	Date of Public Distribution/Dissemination
ccAdvertising	M = M / D = D / Y = Y = Y
Mailing Address 14001C Saint Germain Drive	06 21 2014 Amount
Suite 353	Amount
City State Zip Code	10000.00
Centreville VA 20121	Transaction ID : SE.9818 Date of Disbursement or Obligation
Purpose of Expenditure Phone calls Category/ Type 004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Nother (specify) ► Runoff
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Mailing Address	Amount
City State Zip Code	
	Data of Dishurasment or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify)
	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date	06 21 2014
Signature	